

Rhode Island Vaccine Advisory Committee
Friday, April 5, 2013
Meeting Notes

Members in attendance: Elizabeth Lange, MD RIVAC Committee Chair; Gail Davis, RN; Boris Skurkovich, MD; Penelope Dennehy, MD; Gail Skowron, MD; P Sarah Fessler, MD; David Chronley, MD; Richard Ohnmacht, MD; *Members unable to attend:* Nathan Beraha, MD; Dinusha Dietrich, MD; Patricia Flanagan, MD; *HEALTH:* Patricia Raymond, Sue Duggan-Ball, *Guests:* Eddy Bresnitz, MD, Sandra Ribeiro (Merck), Cindy Dunaj (Merck), Richard Hughes (Merck), Matt Badaluco (Merck) Jessica Loftus (Pfizer), Sherry Schilb (Sanofi), Stephen Smith (Sanofi), Corrie Dolan (Pfizer), Kim Gwaltney (Merck).

OPEN MEETING/OLD BUSINESS

Dr Lange opened the meeting at 7:30. Minutes from the 11/9/12 meeting were approved

RI Department of Health Updates (power point attached)

Influenza Update

Influenza activity in RI at “local” level for last two weeks in March. Fifty-four of the 55 cases in March were influenza B strain. To date, there have been 105 pediatric flu deaths nationally. No pedi flu deaths in RI.

Review of 2013 Immunization Schedule Changes

Childhood Schedule:

- Recommended immunization schedule for persons aged 0 through 18 years” replaces “Recommended immunization schedule for persons aged 0 through 6 years” and “Recommended immunization schedule for persons aged 7 through 18 years.”
- Wording was added to bars to represent the respective vaccine dose numbers in the series.
- The meningococcal conjugate vaccine (MCV4) purple bar was extended to age 6 weeks, to reflect licensure of Hib-MenCY vaccine
- Hepatitis A vaccine yellow bar was extended to better reflect routine age recommendations for use of HepA vaccine. New green and purple bars were added to reflect hepatitis A vaccine recommendations for older children
- Abbreviations for influenza vaccine updated
- Pneumococcal polysaccharide vaccine (PPSV23) was added to Figure 1
- Tdap vaccine footnotes updated to reflect recent recommendations
- Influenza vaccine footnotes updated to provide dosing guidance for children aged 6 months-8 years

Adult Schedule:

- MMR vaccine was removed for persons born after 1957 to clarify that persons born after 1957 are considered immune and routine vaccination is not recommended.
- The bar for Td/ Tdap vaccine was changed to solid yellow to reflect a new recommendation that all persons including those 65 years and older are recommended to receive Tdap vaccination as a substitute for one dose of Td vaccine.
- Influenza vaccine – Footnote now uses the abbreviation IIV for inactivated influenza vaccine and drops the abbreviation TIV for trivalent inactivated vaccine (TIV)
 - The inactivated influenza vaccine precautions were updated to indicate that persons who experience only hives with exposure to eggs should receive IIV rather than LAIV
- Tdap updated to include the recommendation to vaccinate pregnant women with Tdap during each pregnancy, regardless of the interval since prior Td/Tdap vaccination
- Additional information added to the HPV footnote regarding vaccination and pregnancy
- MMR vaccine - Footnote modified to reflect the new recommendation that a provider diagnosis of measles is no longer considered acceptable evidence of immunity to measles.
- Pneumococcal vaccines:
 - Pneumococcal polysaccharide (PPSV23) vaccine and PPSV23 revaccination footnotes clarify that persons with certain medical conditions are recommended to receive 2 doses of PPSV23 before age

Rhode Island Vaccine Advisory Committee

Friday, April 5, 2013

Meeting Notes

65 years and even those who receive 2 doses of PPSV23 before age 65 years are recommended to receive PPSV23 at age 65 years, as long as it has been 5 years since the most recent dose.

- Pneumococcal conjugate 13-valent (PCV13) vaccine - A new footnote was added for PCV13 vaccine. Also, language was added regarding the timing of PCV13 vaccine relative to PPSV23 for those persons recommended to be vaccinated with both pneumococcal vaccines.
- Hepatitis A vaccine - Footnote was updated to clarify that vaccination is recommended for persons with a history of noninjection illicit drug use in addition to those with injection drug use; pregnancy removed as a precaution for hepatitis A vaccine.
- Language was clarified regarding the precaution for use of antiviral medications and vaccination with varicella or zoster vaccines.

Adult Vaccine expansion: State program currently supplies flu, pneumococcal and Tdap vaccine for adults 19 and older. The program will expand to include routinely recommended vaccines for young adults through 26 years, and vaccines recommended for high-risk adults after July 1, 2013. Exception: vaccines covered under Medicare Part D for adults 65 and older (Tdap and Zoster) are not available through the state program. Providers must either purchase this vaccine or refer patients to pharmacies.

Discussion

A summary table of vaccine recommendations for meningococcal and pneumococcal vaccines that was developed by the National Immunization Action Coalition (IAC) was distributed and reviewed by the committee (attached). Members noted there is a need for education and outreach to adult PCPs due to changes in vaccine schedule and new adult vaccine recommendations. In response, HEALTH has expanded provider QA team to address need and will be ramping up site visit activity.

Committee recommended that HEALTH should consider adding recently licensed Hib-MenCY vaccine to pediatric vaccine supply for high-risk children. HEALTH will work with Newborn Screening program to identify children with sickle cell disease and explore feasibility and mechanism to outreach to providers about availability of vaccine. If added to program, the vaccine will be available after July 1.

Vaccine storage units: CDC now recommends the use of stand alone refrigerator units and stand alone freezer units. Also, CDC recommends all units have data loggers with glycol filled thermometers for temperature monitoring. Such units are now being installed by HEALTH at SSV provider practices. HEALTH will get these new recommendation messages out to practices. Committee recommendation for a summary document (attached) for providers outlining HEALTH's requirements for appropriate vaccine storage units

Vaccine Communications to providers: Recommendation to routinely include a note about all vaccines that are available through the state program in Dr Fine's *Health Connections* newsletter. Include a link to the full list of vaccines to ensure that providers are aware of any changes or vaccine additions to the program. Providers also need list of referral sites for adult vaccines.

Patient Advocacy: Providers advocate for patients every day for a variety of reasons—(vaccines just one of many) with varying degrees of advocacy success, using a variety of venues, methods and tactics.

Note: In response to the discussion, Dr Lange initiated an advocacy resource document *Places for Information and Advocacy Pressure Points* (attached), and has offered this to group as a living document to capture points made during the initial advocacy discussion, with suggestion that others in the group add things that they have done to help patients so all can learn and share.

8:15 AM:

Dr Lange opened meeting for public comment.

Rhode Island Vaccine Advisory Committee

Friday, April 5, 2013

Meeting Notes

Dr. Eddy Bresnitz, Global Executive Director, Merck Adult Vaccines commented that reimbursement for Zostavax was dependent on the benefit design of the patient's insurance plan and that coverage by insurers often depended on an ACIP recommendation. As for pneumococcal vaccination, he clarified that high risks groups could be divided into immunocompetent and immunocompromised categories. The recent ACIP recommendations on the use of the broader coverage 23-valent polysaccharide pneumococcal vaccine (PPSV23) and the 13-valent pneumococcal conjugate vaccine (PCV13) pertained mainly to immunocompromised patients and not patients with chronic illnesses such as heart disease, lung disease, and others. He reminded the group that the ACIP has stated it would continue its recommendations for PPSV23 in the non-immunocompromised adult population and not make a recommendation on the use of PCV13 in this population until 1) the results of the CAPITA study in the Netherlands were available, and 2) there was a more complete, long term analysis of declining trends in invasive pneumococcal disease in adults due to the indirect protective effect on adults of vaccinating the pediatric population with PCV13.

Other Business/Announcements

- Vaccine Advisory Committee meeting frequency-- (2 vs 3 times per year). Historically meetings follow ACIP meetings. Do current dates and times still work for the group?

Note: Dr Lange followed-up with group off-line for feedback on meeting time/dates. General consensus to keep meetings at 2 per year

- Request for Pentacel discussion on agenda at future meeting

Next Meeting Date: Friday, October 18, 2013

Location: Department of Health, Room 401, 7:30-8:30 AM